

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/06/2014	
NAME OF PROVIDER OR SUPPLIER EMERITUS AT FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 4730 E STATE BLVD FORT WAYNE, IN 46815			
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R000000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: November 5, & 6, 2014</p> <p>Facility Number: 003273 Provider Number: 003273 AIM number: N/A</p> <p>Survey Team: Carol Miller, RN, TC Diane Nilson, RN Rick Blain, RN</p> <p>Census bed type: Residential: 66 Total: 66</p> <p>Census payor type: Other: 66 Total: 66</p> <p>Sample: 7</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5..</p> <p>Quality review completed on November 7, 2014 by Randy Fry RN.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, interviews, and record review, the facility failed to ensure a nurse followed infection control procedures in regard to proper hand washing technique and glove use observed during Blood Glucose testing. This deficiency affected 1 of 2 residents observed during Blood Glucose testing (Resident #10).</p> <p>Findings include:</p> <p>On 11/5/14 at 11:45 A.M., LPN #1 was observed with gloves on her hands. LPN #1 obtained a drop of blood from Resident #10's finger with a lancet. LPN #1 then applied the drop of blood to a Blood Glucose machine test strip and the result of the blood glucose testing was 187. LPN #1 was observed with the same gloves still on her hands opening the Medication Administration book to find Resident #10's Medication Administration Record (MAR). LPN</p>		R000414	<p>Requesting a desk review for tag R 0414, please. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</p> <p>1. Corrective Action for affected/cited resident: There was no negative outcome with resident #10, see #2. LPN #1 was immediately re-educated on 11/5/14, by the Resident Care Director (nurse) on the proper procedure for "Blood Glucose Monitoring" which included a focus on guidelines for hand-washing and proper disposal of gloves. 2. How to Identify Other Residents/Associates with</p>		12/10/2014	

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	<p>#1 verified the insulin order and opened the top drawer of the medication cart and was observed with gloves still on her hands. LPN #1 removed the Humalog insulin Flex Pen and cleansed the resident's abdomen with an alcohol wipe and administered 5 units of Humalog insulin subcutaneously. LPN #1 was observed to remove the disposable gloves and sanitize her hands.</p> <p>On 11/5/14 at 2:30 P.M. the Resident Care Director provided the policy "Blood Glucose Monitoring Reference" revised on 4/14/14, which indicated "...Staff assisted Finger-sticks...wash hands and put on gloves..." the policy further indicated after the procedure to obtain the blood glucose testing result. The policy further indicated "...Remove gloves and wash hands...Record results on appropriate form..."</p> <p>On 11/5/14 at 2:45 P.M. an interview with the Resident Care Director indicated LPN #1 should had removed her gloves and washed her hands after she obtained the Blood Glucose results and prior to opening the MAR.</p>		<p>potential for similar events: Other residents who receive accu-checks by our licensed nurses have the potential to be affected by the alleged deficient practice. Licensed nurses were re-educated on the proper procedure for "Blood Glucose Monitoring" as well as proper hand washing and proper disposal of gloves. New nurses will be trained on the appropriate process prior to administering medications upon hire and annually. 3. Systemic Changes you will make: Following completion of re-education regarding Blood Sugar Monitoring, hand washing and proper disposal of gloves, the Resident Care Director/Designee will complete med pass observations for existing nursing personnel. In the event non-compliance is noted, corrective action may include additional education by the Resident Care Director/Designee, re-training and/or corrective action notice for their personnel file. 4. Monitoring Q.A. plan Resident Care Director and/or designee will monitor Blood Glucose for existing license nurses to audit for compliance. Licensed nurses hired after this compliance audit will be trained and observed by the RCD before administering meds and annually thereafter. Audit outcomes will be reviewed at upcoming Quality Assurance Meetings. The</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	On 11/6/14 at 9:00 A.M. an interview with LPN #1 indicated she should have removed her gloves and washed her hands after she obtained the Blood Glucose results and prior to opening the MAR.				Executive Director will be responsible for directing additional action, based on audit findings.		